

PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form prior to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1. Department Human Services
 Contact Randy Davis Phone 281-6028 FAX 281-6237
2. Contractor Paul J. Cote, Jr.
 Federal Tax ID or Social Security Number: 012-42-6065
 Address 100 Sherman Road, Chestnut Hill, MA 02467
3. Contracted Service/Product: Directly develop and/or assist in the development of the macro Action Plan deliverables and their component products per the DHS Action Plan Summary.
Revision: New contract states that all fees will be an inclusive fee and the contractor will not bill the department for additional expenses incurred., i.e., travel, lodging, etc.
4. Contract Period: from 8/1/00 to 01/26/01
5. Contract Cost: \$ 109,044
6. 001 401 0100 7/28/00
 Fund Agency Org Sub
8. Source of funds:
 a. State: \$ \$39,559.48 67%
 b. Federal: \$ \$19,484.52 33%
 c. Other: \$ \$50,000 Annie E. Casey Fund
7. ☐ NEW CONTRACT ☒ AMENDED CONTRACT ☐ PREVIOUS CONTRACT Date _____
- *****

For Department's Use

(Attach form SS-8 if not contracting with a corporation)

Sole Source? ☒ Yes ☐ NoEmployee/Employer Relationship? ☐ Yes ☒ No

(If yes, attach PCQ and signed contract to P1C, and forward to DRF)

Signature of Department Director or Designee

Jessie K. Rasmussen

Typed Name

Title

Date

For Revenue and Finance UseEmployer/Employee relationship? ☐ Yes ☐ No

Date

Signature

Generic Contract Number

99000446

PCQT Number

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 Contact Randy Davis Phone 281-6028 FAX 281-6237
2. Contractor Paul J. Cote, Jr.
 Federal Tax ID or Social Security Number: 012-42-6065
 Address 100 Sherman Road, Chestnut Hill, MA 02467
3. Contracted Service/Product: Directly develop and/or assist in the development of the macro Action Plan deliverables and their component products per the DHS Action Plan Summary.
4. Contract Period: from 7/1/00 to 12/31/00
5. Contract Cost: \$ 105,820
6.

001	401	0100	Rf	6/14/00
Fund	Agency	Org	Sub	
8. Source of funds:
 a. State: \$ \$54,150 67%
 b. Federal: \$ \$26,670 33%
 c. Other: \$ \$25,000 Annie E. Casey Fun
7. ☒ NEW CONTRACT ☐ AMENDED CONTRACT ☐ PREVIOUS CONTRACT Date _____

For Department's Use

(Attach form SS-8 if not contracting with a corporation)

Sole Source? ☒ Yes ☐ No

Employee/Employer Relationship? ☐ Yes ☒ No

(If yes, attach PCQ and signed contract to P-1C, and forward to DRF)

Jessie K. Rasmussen
 Signature of Department Director or Designee

Jessie K. Rasmussen
 Typed Name

6-2-00
 Title

Date

For Revenue and Finance Use

Employer/Employee relationship? ☐ Yes ☒ No

 Date Signature

Generic Contract Number

99000446
 PCQT Number

6/20

PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form prior to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1. Department Human Services
 Contact Jessie K. Rasmussen Phone 281-5452 FAX 281-4597
2. Contractor Paul J. Cote, Jr.
 Federal Tax ID or Social Security Number 012-42-6065
 Address 100 Sherman Road, Chestnut Hill, MA 02467
3. Contracted Service/Product Facilitation, support, and expert advise in the development and implementation of the Department's Action Plan, including development of preferred system parameters, performance of "gap" analysis, development of a continuous quality improvement system and other tasks as assigned by the Director.
4. Contract Period: from 10/2/99 to 02/04/00
5. Contract Cost: \$ 71,460.00 *Rf 9/2/99*
6. 0001 401 0100
 Fund Agency Org Sub
8. Source of funds:
 a. State: \$ 50,022.00 70%
 b. Federal: \$ 21,438.00 30%
 c. Other: \$ _____
7. ☐ NEW CONTRACT ☐ AMENDED CONTRACT ☒ PREVIOUS CONTRACT DATE 7/1/99-10/1/99

For Department's Use

(Attach form SS-8 if not contracting with a corporation)

Sole Source? ☒ Yes ☐ NoEmployee/Employer Relationship? ☐ Yes ☒ No

(If yes, attach PCQ and signed contract to P1C, and forward to DRF)

Signature of Department Director or Designee

Jessie K. Rasmussen

Typed Name

Director

Title

8-30-99
Date**For Revenue and Finance Use**Employer/Employee relationship? ☐ Yes ☒ No

Date

Signature

Generic Contract Number

99000446

IFAS/AMTI/PCQT Number

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Contact Jessie K. Rasmussen Phone 281-5452 FAX 281-4597
2. Contractor Paul J. Cote, Jr.
Federal Tax ID or Social Security Number 012-42-6065
Address 100 Sherman Road, Chestnut Hill, MA 02467
3. Contracted Service/Product Develop FY 2001 budget process, action plans, and transition plans as directed by DHS leadership
4. Contract Period: from 7/1/99 to 10/1/99
5. Contract Cost: \$ 51,610 *PJW/11/99*
6. 0001 401 0100
Fund Agency Org Sub
8. Source of funds:
a. State: \$ 36,127
b. Federal: \$ 15,483
c. Other: \$ _____
7. ☐ NEW CONTRACT ☐ AMENDED CONTRACT ☐ PREVIOUS CONTRACT Date _____

For Department's Use

(Attach form SS-8 if not contracting with a corporation)

Sole Source? ☒ Yes ☐ No

Employee/Employer Relationship? ☐ Yes ☒ No
(If yes, attach PCQ and signed contract to P1C, and forward to DRF)

Jessie K. Rousseau
Signature of Department Director or Designee

Jessie K. Rasmussen
Typed Name

Director
Title

Date _____

For Revenue and Finance Use

Employer/Employee relationship? ☐ Yes ☒ No

Date _____

Signature

Generic Contract Number

99000446
IFAS/AMTI/PCQT Number

6/14

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PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form prior to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

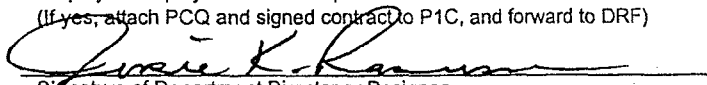
1. Department Human Services
Contact Jessie K. Rasmussen Phone 281-5711 FAX 281-6237
2. Contractor Paul J. Cote, Jr.
Federal Tax ID or Social Security Number 012-42-6065
Address 100 Sherman Road, Chestnut Hill, MA 02467
3. Contracted Service/Product Develop products, render expert advice to administration leadership, deliver technical assistance/training, project coordination, and process management as directed by DHS leadership
4. Contract Period: from 4/4/99 to 6/30/99
5. Contract Cost: \$ 50,000
6. 001 401 0100
Fund Agency Org Sub
8. Source of funds:
a. State: \$ 15,000
b. Federal: \$ 35,000
c. Other: \$ _____
7. ☐ NEW CONTRACT ☐ AMENDED CONTRACT ☐ PREVIOUS CONTRACT Date _____
- *****

For Department's Use

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Sole Source? ☐ Yes ☒ No

Employee/Employer Relationship? ☐ Yes ☒ No
(If yes, attach PCQ and signed contract to P1C, and forward to DRF)


Signature of Department Director or Designee

Jessie K. Rasmussen
Typed Name

Director
Title

4/13/99
Date

For Revenue and Finance Use

Employer/Employer relationship? ☐ Yes ☐ No

Date Signature

Generic Contract Number

IFAS/AMT/PCQT Number